

**United States District Court
Southern District of Iowa
Credit Card Authorization Form**

INSTRUCTIONS: Please type or print. Mail completed and signed form to:
U.S. District Court, P. O. Box 9344, Des Moines, IA 50306-9344.

Firm / Company: _____

Phone number: _____

Credit Card Type:	VISA	MasterCard	Discover	American Express
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Card Holder Name: _____

Credit Card Number: _____ - _____ - _____

Expiration Date: ____/____/____ (MM/YY)

Credit Card Statement

Mailing Address: _____ (Street address or P.O. Box)

(Please be sure to list the address that the credit card company is sending your **statements** to.)

_____, ____ Zip: ____-____-____
(City, State & Zip)

I acknowledge that the above information is accurate and that I am an authorized signer of the account. I hereby authorize the United States District Court for the Southern District of Iowa to charge the above credit card account court filing fees incurred by our firm or company.

Date: _____

Signature

Print Name

This form, which will be kept on file in the Clerk's Office, shall remain in effect until specifically revoked in writing. It is the responsibility of the attorney/firm named above to notify the Clerk's Office of the new expiration date when a credit card has been renewed, or if a card has been canceled or revoked.